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Communications.

DEATH FROM CHLOROFORM,

By Richard O. Cowling, A M., M.D.,

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The following case is reported both for its medical and legal bearings. This will explain the minuteness in some portions of the narration, which might seem otherwise uncalled for.

Eliza O'Bryan, aged 12 years, was admitted into the Surgical Ward of the Louisville City Hospital on Sept. 16th, 1867. She had at the time an ulcer on the inner ankle of the right leg, caused, as she thought, by wearing a tight shoe, and which rendered the use of crutches necessary for her to get about. The ulcer refused to yield to treatment, and in the course of time, the existence of dead bone in the situation was suspected. The surgeon in charge of the hospital about this time retiring, no operation was performed upon her. On Dec. 15th, Dr. Geo. W. Bayless, the Professor of Surgery in the University of Louisville, entered upon his term of service in the institution, and found this case in the ward. He made an examination with the probe, and finding the bone rough, determined upon an operation. Owing to the intervention of the holidays, and the urgency of other cases, this one was not reached until Jan. 3d, 1868. The general health of the patient, from her entrance into the hospital, had been good. There was no emaciation, her appetite was good, and her heart and lungs, as examined by Dr. MacBurnie, one of the residents of the hospital, were sound. There were scars in site of the cervical glands, which had led to a suspicion of scrofulous constitution, but no other indications exis'ed.

It is made voluntary with the patients of this hospital to be operated upon publicly, but she readily consented to go before the class, and expressed great anxiety to have the operation performed.

On January 3d, she was brought into the amphitheatre. Owing to the difficulty of getting her under the influence of the anæsthetic, and of exploring the wound, she was on the table about thirty-five minutes, during which time about two ounces of chloroform were consumed. The article used was of Squibb's Brooklyn manufacture, and the manner of giving it was from the folded towel. Professor Bayless, wishing to avoid as much as possible the use of the knife, determined to postpone the case until the next clinique, previous to which he would have the sinus dilated with a sponge tent. The after-effects of the chloroform on this occasion were not reported as unusual.

The sponge tent was introduced on the morning of Jan. 7th, at 7½ o'clock, and confined with light bandage. Complaining of pain from the presence of the tent, twenty drops of McMunn's elixir were ordered for her. This was at 8, A. M. The tent slipped out in two hours and a half after it was introduced, and was not replaced. Both breakfast and dinner were voluntarily omitted by the patient that she might, as she said, "be ready for the doctors," having previously learned the necessity of an empty stomach when taking chloroform.

At 2½, P. M., Jan. 7th, she was summoned for the clinique, and came with alacrity, refusing assistance, and using her crutches. She placed herself, without persuasion, on the operating table, and the inhalation of chloroform began at 2.35, P. M. It was given on this occasion by the writer, one of the resi-

dents having administered it on the previous day. None of the usual precautions were omitted. The chloroform was of a different brand than that used for the first inhalation, but it bore the name of one of the first druggists of Louisville, and on a subsequent analysis, Prof. T. E. Jenkins pronounced it to be pure. There was no ammonia or whisky at hand, but these were sent for before beginning with the inhalation. The patient was placed in a recumbent position, with a single small pillow beneath her head. All constriction was removed from her throat and chest. There was free ventilation in the amphitheatre. The chloroform was inhaled from a folded towel, which was not brought nearer than one inch to her face. A quantity sufficient to moisten about two inches square on the towel was poured from the bottle at one time. Her pulse was entrusted to one of the residents, Dr. A. J. Keightly, the writer confining his attention to the respiration and expression of the face. In about three or four minutes, seeming to be asleep, the towel was withdrawn. Testing the degree of narcotism by touching the eye, she was reported to the Professor as *ready*. Her breathing had been from the first tranquil. She had refused to take deep inspirations. After withdrawing the towel, her pulse was counted by Dr. K., and found to be 104. It was felt by the writer, and found strong and regular. Professor Bayless began the exploration, and, after entering the probe, made an incision of about half an inch, to facilitate the entrance of his finger. The patient was roused somewhat into consciousness, and complained of the operation hurting her, calling the doctors by name. The towel was again held to her face, and so from time to time, as she seemed to come from under the influence of the chloroform. After an interval of some minutes, the writer was again requested to examine her pulse. It was strong and regular still, though evidently fallen off ten or fifteen beats. Still later it was reported unnatural, and on examining it, he found it dicrotic and weaker. The towel had been withdrawn then from her face at least three minutes, during which time she had spoken, saying, "You hurt my foot, and I will tell my father." It was the writer's intention to reapply the towel after she had spoken, when his attention was called to the pulse. Turning immediately then to her face, it was found deadly pale, there was twitching of the muscles about the mouth, the eyes rolled upward, became fixed, and the pupils were widely dilated. A deep stertorous breath was drawn, and the patient started forward. These phenomena followed each other so rapidly that their sequence could not be remembered. Prof. Bayless had proceeded so far with the operation as to put one jaw of the bone forceps into the wound. The breathing immediately attracted his attention, and thinking as he has said, that "she had enough chloroform," turned to order it away, when he was struck with the appearance of her face. Catching the wrist next to him, he found the pulse gone. Her breathing still continued—stertorous, and then sighing. Her tongue was seized with the clawed forceps, and dragged out of her mouth. Ammonia was held to her nostrils, whisky was poured down her throat, and water was dashed on her face and chest. Immediately after the failure of the pulse, the ear was placed to the chest, but no sound of the heart's action could be detected. Marshal Hall's method was used to continue the respirations, and was kept up for some moments after these had ceased. It is to be noted, however, that the breathing continued after the failure of the heart, then perhaps ten respirations were made before Marshall Hall's method was used, and as many more afterward. She died at 3 o'clock, twenty-five minutes after the inhalation began. About an ounce of chloroform had been consumed.

Prof. Bayless announced to the class that the first fatal accident upon the operating table, which had happened during his surgical experience, had taken place. He sent for the coroner, who took charge of the body, and ordered a post mortem examination to be made. This was done on the same evening, on the table where she died, five hours after the occurrence, by Dr. Lewis D. Kastenbine. A jury was not empanelled until next morning, by which time intense excitement

pervaded the community, it having been reported that the girl had been forced into the amphitheatre, and then sacrificed by neglect of ordinary precautions in giving her the chloroform. In consequence of this excitement the jury having "viewed" the body, and turned it over to her friends for interment, adjourned until the afternoon of January 10th, by which time the necessary witnesses could be summoned to make the investigation thorough. The leading medical men of Louisville, were present at the inquest, together with the professor and his assistants, and other necessary witnesses. The examination on the part of the coroner was conducted by the City Attorney, Mr. Wm. G. Reasor, and the County Attorney, Mr. Jos. Wilson; Prof. Bayless conducting it for himself and assistants. The jury empanelled was of scientific men. Dr. Kastenbine was first examined, and gave the following notes of the autopsy.

Post Mortem.—By L. D. Kastenbine, A. M., M. D. Sectio Cadaveris, five hours after death. Body had no post mortem suggillations. On the internal malleolus of right leg was found a sinus or fistulous opening leading to diseased bone. This opening was enlarged by an incision about half an inch in length, and extending to the bone. The cut appeared to be recent. The tissues were dissected from the ankle-joint, when a necrosed condition of the entire tibial malleolus was revealed.

The brain and its membranes healthy and free from congestion. Serum in all the ventricles, about one ounce.

Lungs were in a state of venous congestion—right more so than left. The former on dividing its substance with scalpel, poured forth black blood in considerable quantity. Adiposity of pericardium. Heart healthy in texture, with fluid blood occupying both sides, with a few clots in right—about half an ounce in left, and treble that amount in right ventricle. The latter ventricle was soft and flaccid, the former had its walls rigidly contracted. Valves healthy. Two fibrinous clots were also found, one occupying the right auriculo-ventricular opening, the other in the left ventricle, extending from mitral valve to semilunar or aortic valve. The extent of disease showed that surgical interference was justifiable. The mode of death was by syncope.

L. D. Kastenbine, A. M., M. D.,
Adjunct Prof. of Chemistry in the University of Louisville.

The examination which followed was on the following points:

1st. Was there a necessity for an operation?

2d. If so, was it one justifying the use of chloroform?

3d. Was the patient willing to have it done?

4th. Was there an examination made of the heart and lungs previous to the operation, by Prof. Bayless, or one made and reported to him by his assistant?

5th. Did Prof. Bayless use the same care in this case as he would have done had it occurred in his private practice?

6th. Were the proper precautions observed in giving the chloroform? was it given with due care? was the amount inhaled unusually large? and had the one administering it sufficient experience?

7th. Were the proper means used to resuscitate the patient?

8th. What was the cause of her death?

On the 1st, 2d, 3d, 5th, and 7th points, it was proved in favor of Prof. Bay-less and his assistants without discussion. The stress of the examnation fell upon the fourth point, in regard to the examination of the heart and lungs. Although an examination had been made previously by Dr. Mac-Burnie, as has been stated, Prof. Bayless had made none, and none had been reported to him. He stated that it had never been his custom to make any examination where there were evident signs of health, and especially in children, on the propriety of which considerable evidence was taken, and much time consumed, in spite of the evidence from the post mortem appearances, and the opinion of the witnesses as drawn from these, that no disease of the organs in question had existed in the patient. The professor was sustained by nine-tenths of the experience represented. Professors Henry Miller, Llewellyn Powell, and Theodore Bell, among others, testifying that they paid no attention whatever to the state of the heart and lungs. The authorities of Prof's Gross, of Phila., and Lister of Glasgow, were also cited on this subject. Under precautionary measures, it was held justifiable to use chloroform where physical appearances indicated that it was good, and which bore a reputable brand, without submitting it to analysis. It was also proven that

"more than ordinary care was observed in this case," only one surgeon objecting to the pulse being entrusted to another person than the one giving the chloroform. In regard to the cause of death the majority of the evidence was the chloroform. Prof. Bell, however, thought "it was by no means proven" that chloroform had caused it; and Prof. Miller was of the opinion that it was not wholly at fault, but that shock and emotional causes must be superadded. At the conclusion of the examination the coroner, by his attorneys, stated to the jury, "that having, for the benefit of all concerned, made a thorough investigation of the facts, and while it had been proven that the deceased had come to her death from the inhalation of chloroform, and their verdict should show it, there was superabundance of evidence that no blame whatever could be attached either to Prof. Bayless or his assistants, and their verdict should also state this. The following verdict was accordingly rendered: "That the deceased, Eliza O'Bryan, came to her death, on the afternoon of Jan. 7th, 1868, at 3 o'clock, from the inhalation of chloroform administered to her for surgical purposes, but that no blame can be attached to the surgeon or his assistants on the occasion."

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. Vander Weyde, M. D.,

Late Professor of Chemistry and Toxicology in the New York Medical College.

(Continued from p. 5 of this volume.)

No. 10. Cyanide of Potassium.

At present, cyanides are extensively used for electro-plating with silver and gold, as solutions of the cyanides of these metals are found the best adapted for the purpose. The cyanide of potassium is especially used by photographers, to make fixing solutions, as it is the most powerful solvent for the chlorides, iodides, and bromides of silver, and the solid salt, or a strong solution is very effective in removing nitrate of silver stains.

Besides being a dangerous and rapidly acting poison, when taken internally, it produces painful and refractory ulcers on the skin, when repeatedly brought in contact with it. The protosulphate of iron, $FeO\ SO_3$, rubbed up with raw linseed oil, has, by experience, been found a very good external remedy.

The action of cyanides, when taken internally, is so rapid, that in most cases medical help comes too late. People who use nitrate of silver hair-dyes, keep cyanide of potassium on hand to remove accidental silver stains from the skin, and lately some cases have been published where such a solution was taken internally by mistake, and always with fatal results.

No. 11. Malate of Tin and Lead.

A child of four years of age was lately, in Tennessee, poisoned by eating apples preserved in a tin can. The symptoms were strong spasms of glottis, cramps, a kind of epileptic fits, and vomiting. A sufficient dose of ipecacuanha soon removed the injurious matter from the stomach, and restored the child to health; however, only after two or three days' suffering.

The tinning on the inside of the can was found to be dissolved by the acid of the apples, so that the iron had become visible. This malic acid had, of course, combined with the tin, and also with the lead, as so called sheet tin is nothing but sheet iron covered with a thin coating of an alloy of tin and lead.

No. 12. Adulterated and Poisoned Lard.

In 1853, Whipple and Calvert, in England, found and published an adulteration of lard imported from America, with starch, water, lime, and alum. Such lard acquires very soon an acid reaction when it becomes old. A similar acid lard, which besides, by being prepared or kept in a copper vessel, recently nearly poisoned a family of eight persons in Freeport, Ill., who had eaten cakes prepared with it. This adulterated lard was by Dr. McCurdy traced to the grocery store, where still a large quantity was for sale, having a rancid smell, a very acid reaction, and in many places possessing spots of a dark green color, of the size of pinheads. These spots were found to be oxide of copper, and during the baking, they formed, with the acids of the rancid fat, a kind of copper soap, or stearate of copper.

No. 13. Poisoning by the Use of Untinned Copper Vessels.

Dr. Stiever, of Tarentum, Pa., states that a large family in his practice nearly died by eating a dish prepared in a defectively tinned copper vessel, and that in another family, three persons were dangerously ill, by eating sour apples which had been left for several hours in a copper pan. By analyzing the ejections, copper was easily found.

I myself had a case of symptoms of copper poisoning, occuring with a patient for whom I had prescribed extract of tamarind. I found the tamarind to contain undoubted traces of copper, and on investigating the cause, I found that the druggist had prepared it in a copper vessel, from which the tinning had partially disappeared. A free use of white sugar, if not a perfect antidote, at least affords great relief when the dose of the poison is not very large.

I mention these cases to draw attention to the careless use of copper vessels in preparing substances to be used internally, either by the cook, or by the druggist.

ON THE CAUSE OF YELLOW FEVER.

By G. Naphegyi, M. D.,
Of Staten Island, N. Y.

[The following extracts are from an essay read before the Medical Society of the City of Mexico in 1864, in reply to Dr. Victor Herran. This physician had asserted in the public prints that the lowlands in the vicinity of Vera Cruz were the cause of the yellow fever endemic there, and that by draining them, the mortality from this disease would cease. To this theory of causation, Dr. Naphegyi, who for three years had been attached to the military hospital of Vera Cruz, was opposed. As during this period, his opportunities for studying the disease were very extended, we have obtained from him the original text of his essay, and make a free translation of some of the more important parts.—Eds.]

Dr. Herran proposes the hypothesis, that the sole cause of the yellow fever, or black vomit at Vera Cruz, is the miasma which arises from the swamps from May to November, and which is carried by the southerly winds directly to the city. I will not deny that the miasma, like all similar exhalations from putrefying organic matter, has a malignant influence upon the human constitution, and especially in the tropics; but that *it* is the sole cause of the yellow fever at Vera Cruz, I must deny. For, if this be true, how is it that those who arrive from over the sea and from the interior are attacked, while those who are born and reared in the vicinity are not?

It is not my object to enter into a scientific polemic, but simply to give the results of three years of patient study and observation of this epidemic in the military hospital of Vera Cruz. In the month of September 1854 alone, seven hundred and fifty-one patients entered the hospital; of whom two hundred and fifteen were attacked with yellow fever. Among these, there was not a single native of Vera Cruz. Indeed, during three years of minute observation of this epidemic, I never witnessed, or heard of a single case where a native, or one thoroughly acclimated was attacked with the yellow fever, or with a malady bearing the slightest resemblance to it. There can be no doubt that the miasma contributes much to the insalubrity of the city, but that it is the sole cause of the yellow fever there, cannot be established. I repeat, how is it to be explained that new arrivals only are attacked, and none of the native-born or acclimated? Both are exposed to the miasma and the consequences of breathing it.

It may be answered that the natives of Vera Cruz, accustomed during their whole lives to breathe the miasma, have constitutions adapted to repel its malignant effects. This objection might in part be admitted, if the presence of the miasma continued without interruption during the whole year. But prevailing only from the month of May to November, there is an interval of seven months, during which its influence is entirely removed. This interval is sufficient to place the natives of Vera Cruz upon the same footing, with respect to the deleterious effects of breathing the miasma, with new arrivals, and therefore this objection cannot be admitted.

There cannot be the slightest doubt, but that the drainage of the marshes, proposed by Dr. Herran, would contribute greatly to the

salubrity of Vera Cruz, but I cannot but think, that those arriving from abroad or from the interior, would *not* be in any the less danger of being attacked by yellow fever. The removal of the miasma, like the removal of any other noxious exhalation from the neighborhood of a person attacked, would exercise a benign influence, and increase the chances of recovery, but I conceive that its influence would hardly extend further.

Vera Cruz is situated in latitude 19° 11′, at the level of the sea. Exposed to the rays of a tropical sun, thermometer ranges from 87° to 91° Fahrenheit, during the summer months, and the hot southerly winds prevail constantly from May to November.

Among the people of the city there is a vulgar saying that their blood is thinner than that of foreigners, and it is true. A new comer, whether from abroad or from the interior, comes with the robust constitution and appetite of a colder climate. The change which he experiences is so great, and sudden, that it cannot be that he should escape without some disorder, especially if no precaution is taken in the amount and quality of food consumed. Those arriving from Europe pass from forty to sixty days at sea, while those from the United States about twenty to thirty days. On the vessel they are confined to a certain diet; fresh bread, fresh meat, vegetables and other nourishing articles of food common on land are unknown, and it can be truly said that in general those arriving have been subjected to from one to two months of sea diet. On landing, the fresh meats and tropical fruits are eaten with avidity, without the slightest consideration of the danger in a region where the new comers are entirely unacclimated. The temperate life on ship-board is exchanged for one of unfettered self-indulgence, and brandies and wines, made doubly delicious by the extreme thirst occasioned by the heat, are drunk with even greater license than in their northerly homes. By this course of living the blood becomes richer instead of thinner, and the heat generated in the system, instead of diminishing to correspond with the changed climate, is largely increased. The natural balance of the system is speedily lost, and disorders follow. Here we have the symptoms, but not yet yellow fever. These disorders and symptoms of disease vary according to the constitution, place of birth, and habits of the individuals, and on these conditions ultimately depends the malignity of the attack of yellow fever. The symptoms vary, but they are easily distinguished by an experienced physician. In some cases a slight headache especially in the protuberances, want of appetite, and extreme thirst, are the premonitory symptoms; in others, a numb pain in the extremities, which is ignorantly attributed to fatigue caused by the heat; while in other cases, beside the above, dull pains are felt in the spine, and an unpleasant taste in the mouth, the tongue becoming of a brown color, and pain in the eyes. These latter symptoms generally appear in persons of robust constitution.

Persons having weak constitutions are generally infected with the disease for some time before the symptoms are much regarded, the attack being extremely slow, and it is several days before the patient feels the necessity of procuring remedies, while in those whose constitutions are strong, symptoms are almost immediately perceptible, compelling them to seek medical attendance. For this reason, among others, the disease is much more generally fatal to those having weak constitutions They have the disease for a longer time before remedial agents are employed, and it consequently is more firmly grounded and more generally distributed in the system. In the case of those whose constitutions are robust, the appliances of science are immediately brought to bear upon the disease in its incipiency, and its cure more generally effected.

I do not assert that the change in the temperature is the only cause which operates, at Vera Cruz, to inoculate strangers with yellow fever. No; because I should thereby expose myself to be called upon for the reason why Cuautla and Iguala, places where the temperature is much higher, are entirely free from the disease. The heat is not the only agent. The situation of Vera Cruz, it must not be forgotten, is at the level of the sea; and the influence of the sea upon the land I place

among the conspicuous causes of the disease. The time is not far distant when science will explain the immediate influences of the sea upon the land, and will thereby contribute largely to the solution of the problem we are discussing.

Editorial Department.

Periscope.

THEN AND NOW:

A Discourse Introductory to the Course of Lectures in the Jefferson Medical College of Philadelphia, by S. D. Gross, M. D., Oct. 14, 1867.

(Published by Request of many Subscribers.)

(Continued from page 105)

The management of fractures of the leg and thigh is much better understood than formerly. The treatment by adhesive plaster, pulley and weight, recently utilized by Dr. Swinburne and Dr. Buck, of New York, and now commonly known as the American method, is rapidly gaining confidence, and will probably, at no distant day, meet with general approval. Its simplicity is only equalled by its efficacy. The anterior splint, introduced by Professor N. R. Smith, of Baltimore, deserves favorable mention in connection with the treatment of fractures of the lower extremity, as its merits are no longer questioned by any one acquainted with its character and mode of application. Its utility was amply tested, in numerous instances, during the late war, especially in the treatment of gunshot and other complicated fractures of the thigh and leg. Of the value of adhesive plaster, as a means of effecting extension and counter extension and securing quietude to the parts, I shall have occasion to speak fully during the course of the winter. It is sufficient here to say, that I was the first to describe and recommend this method of treatment as early as 1830, and that it is one of the greatest additions to practical surgery of the present day. Another valuable improvement, in the treatment of fractures of the lower limbs, is the starch bandage; or, what is still better, the plaster-of Paris bandage; originally used by the Moors of Spain, and reintroduced to the notice of the profession, in 1829, by Professor Klüge, of Berlin.

Within the last twelve years the subject of subperiosteal resection of entire bones, or of portions of their shafts, and even of joints, has attracted considerable attention, the operation being founded upon the well-known agency exerted by the periosteum in the regeneration of osseous tissue. Koehler, Troja, Weidemann, and many other of the older surgeons, were well acquainted with this property of the periosteum, and numerous cases are referred to in their writings in which entire bones were reproduced after necrosis. Professor James R. Wood, of New York, has recorded an instance of the complete regeneration of the lower jaw after its removal for phosphorus disease, the periosteum being left intact. If we may credit the assertions of certain writers, as Ollier and Sédillot of France, Creus of Spain, Larghi of Italy, Langenbeck, Neudörfer, and Lücke of Germany, the procedure has already achieved wonders. I have myself, in all the numerous operations that I have performed during the last thirty years for the removal of dead bone, scrupulously respected this envelope, and I presume that there is not an enlightened surgeon anywhere who has not pursued a similar plan of treatment. The subject of the transplantation of the periosteum, so thoroughly worked up by Ollier, who lately published a large and costly treatise upon it, is comparatively new in this country, but will no doubt soon seriously engage the attention of the profession. For my own part, I am disposed to place very little confidence in the merits that have been ascribed to it.

The reduction of dislocations by manipulation, a plan of treatment popularized by Dr. Reid, of Rochester, has superseded the brute force by the pulley; and chloroform, the employment of the lancet, the hot bath, and tartar emetic.

The treatment of diseases of the joints has experienced important changes; pus is freely evacuated with the lancet by direct incision; coxalgia is treated by perfect quietude of the corresponding limb, by what is, absurdly enough, styled elastic extension; and permanent anchylosis, even in some of its worst forms, is readily remediable by comparatively safe and simple measures. The names of Davis, Taylor, Sayre, and Bauer merit honorable mention in connection with these improvements.

The wire suture, concerning which so much has been said and written of late years, although a valuable addition to our armamentarium, is now less frequently used than formerly, and the opinion seems to be gaining ground that metal possesses little, if any, superiority over ordinary silk. If it is less irritating than silk, it has the disadvantage of being less easily removed from the

wound. Where long retention of the suture is required, as in the operation for vesico-vaginal fistule, the wire suture is, in my opinion, justly entitled to preference.

The perineal section, devised by Desault, and revived by Mr. Syme, has been proved to be the only trustworthy method of treatment for the relief of very tight and obstinate strictures of the urethra, especially when complicated with perineal fistule, and great local and constitutional suffering. The operation, which requires an accurate knowledge of the anatomy of the parts for its successful execution, seldom disappoints expectation, and, thus far, the mortality has been very slight.

In ophthalmology vast progress, if not great improvement, has been made. Of the immense activity at present going on in this interesting department of surgery, some idea may be formed, when it is stated that in 1865 one hundred and thirty-seven tracts were published upon it, and not less than two hundred and twenty-four in 1866. In some of the schools, ophthalmology enters into the regular curriculum of a medical education. Paris, Berlin, and Vienna are the greatest centres of this kind of teaching, to which students from all parts of the world flock to avail themselves of its supposed advantages. It is, however, worthy of remark that many of the operations recently introduced into this department are still on trial at the bar of public opinion, and that a long time must necessarily elapse before their actual value can be fully determined, notwithstanding the great attention they are everywhere receiving. With the advances of ophthalmology are honorably associated many distinguished names, but for the first great impulse our acknowledgments are mainly due to Von Graefe, the celebrated oculist of Berlin, who, as an ingenious and accomplished operator, enjoys an unrivalled reputation.

Orthopœdic and conservative surgery are modern creations. Dr. Louis Stromeyer, of Hanover, in 1831, proved by a series of well conducted experiments upon the inferior animals, that tendons, divided subcutaneously, readily unite without the intervention of serious inflammation, and he thus founded a new department of surgery, known ever since as orthopœdic surgery. All the operations for clubfoot and analogous distortions, performed prior to this period had signally failed, because they were not based upon correct scientific principles.

Thirty years ago conservative surgery had hardly an existence, not for the want of conservative teaching and practice, but because the professional mind was not prepared for its reception. Dr. Physick, justly styled the Father of American Surgery, was an eminently conservative practitioner, and he spared no efforts, in his lectures, to inculcate the importance of the subject. He was himself, however, no writer, and at that time there were neither clinics nor clinical reporters to disseminate his doctrines. Hence his teaching fell upon barren soil, and the merit of founding conservative surgery has been awarded to other laborers. Formerly thousands of limbs were sacrificed which would now, under the more rational and enlightened treatment, be preserved. Amputations are much less frequently performed, while resections of the joints, the origin of which dates back to the latter part of the last century, are very common, especially in pathological cases; and the powers of the system to endure disease and operations are vastly better understood.

Plastic surgery, founded by Taliacotius in the sixteenth century, has been greatly extended and improved in this, chiefly through the labors of Graefe, Carpue, Dieffenbach, Zeis, Serre, Von Ammon, Liston, Labat, and Blandin. My predecessor in the chair of surgery in this school, the late Dr. Thomas D. Mütter, performed some very creditable operations for the relief of the horrible deformity of the face and neck so often witnessed after burns and scalds; and my distinguished colleague, Professor Pancoast, devised, early in his professional career, an excellent suture for effecting accurate apposition and maintenance of the transplanted integuments in the construction of new noses. Some of the very finest noses ever manufactured in this city were made with the aid of this suture.

Staphyloraphy is of modern origin, having been first successfully executed, in 1819, by Professor Roux, of Paris. For some very important improvements in the mode of performing this operation, claimed, singularly enough, by a distinguished foreign surgeon, the profession is indebted to the late Dr. J. Mason Warren, who published an account of the procedure in the "American Journal of the Medical Sciences" for 1843. At the time of his lamented death, hardly two months ago, he had operated nearly one hundred times for cleft palate, with a degree of success highly honorable to his dexterity and scientific knowledge. The same surgeon was the first to devise an operation for closing abnormal openings in the hard palate, by raising a flap of muco-fibrous structure on each side of the fissure, and uniting them at the centre.

The operation for hare-lip has been much sim-

plified, and the fact established that it may often be successfully performed within a few days after the birth of the child. Numerous plans have been devised for the radical cure of hernia, but not one, so far as I am able to comprehend them, of an entirely unobjectionable character. The one now generally practised is that of Mr. Wood, of London, a modification of that proposed by Wutzer, of Bonn, in 1838. Dr. Agnew, of this city, has also of late years practised a method peculiar to himself, with what success I am not informed; and Professor Pancoast, many years ago, effected some cures by the subcutaneous injection of iodine.

Surgery shares with medicine the honor of the invention of a number of instruments, due to a knowledge of the science of physics, some of which have already rendered invaluable service to the diagnosis and treatment of disease. These instruments, which are merely natural outgrowths of the stethoscope, the offspring of the fertile genius of Laennec, in the early part of the present century, are the ophthalmoscope, laryngoscope, and rhinoscope, by means of which the practitioner may explore the most hidden recesses of the eye, windpipe, and nose, thereby enabling him to extend the sphere of his observation, and to obtain more accurate information of the disorders of these important structures. To Dr. Desormeaux, of Paris, we are indebted for the invention of the endoscope for inspecting the urethra and urinary bladder; and no doubt, some ingenious physician will before long construct a gastroscope, an instrument, as the name implies, for looking into the stomach.*

In this enumeration, we must not lose sight of the sphygmograph and the thermometer; the former for measuring the force and frequency of the pulse, the latter for determining the heat of the surface of the body in disease; a subject now earnestly occupying the thoughts of numerous observers in different parts of the world, and destined, it is said, to throw much light on the nature and treatment of morbid action, especially the various kinds of fevers.

With the value of the microscope, as a means of diagnosis, every one is familiar. Without the aid of this instrument, the practitioner would be utterly at a loss to distinguish even some of the more common maladies, while the science of medical jurisprudence would literally be deprived of its right hand. In the great work of Professor Wormley, of Columbus, Ohio, on the Micro-Chemistry of Poisons, just issued, it is asserted that with the aid of the microscope, applied in accordance with the methods therein suggested, it is comparatively easy to detect, with unerring certainty, the 100,000th part of a grain of arsenic or mercury. Another contrivance, of incalculable value to the medical jurist, devised only within the last few years, by Mr. Sorby, of England, is the spectroscope, a small mirror attached to the microscope, which, by reflecting the light as it falls upon a spot of blood, however minute, instantly discloses the peculiar nature of hematin. It is said that the characteristic spectrum of a single blood-disc may be thus obtained,

Instruments, denominated atomizers, have recently been invented, and are now much used for throwing medicated and other fluids into the nose, throat, and air-passages, for the cure of inflammation and other affections. A very excellent account of this method of treatment, interspersed with a good deal of personal observation, will be found in an elegant little brochure, published during the past summer, by your teacher of clinical medicine, Dr. Da Costa. Contrivances of a similar kind, employed for the production of local anæsthesia, will be shown to you at the surgical clinic, in connection with some of the minor operations, to which alone ether, rhigolene, and other sprays are applicable.

I have purposely abstained, until this moment, from mentioning, in connection with the more important advances in surgery, the grandest of them all—a boon of inestimable value to the human family. I need hardly say that I allude to anæsthetics. In 1846, the people of this continent were startled by the announcement that a dentist of Boston had discovered an agent which, if properly inhaled, was an effectual preventive of pain in surgical operations, however severe or protracted. The name originally given to this agent was "letheon," and unfortunately for the honor of the discoverer, its true nature was for some time kept a profound secret. It was soon ascertained, however, to be nothing but sulphuric ether, an article long known to the profession, but not as possessing such virtues. The first trials with this agent were made in the extraction of teeth, and it was not until after its success was perfectly established that it was used in the more severe operations, the first of which, consisting of the removal of a vascular tumor of the neck, was performed, while the patient was under its influence, at the Massachusetts Gene-

* Since the above was written, Dr. Milliot, of Kiew, has published an account of an instrument, which he calls the stomatoscope, and which consists of a glass tube, containing a platinum wire connected with an electric apparatus, as a means of illuminating the œsophagus, stomach, or lower bowel.

ral Hospital, on the 16th of October, 1846, by the late Professor John C. Warren.

Although the discovery of anæsthetics had been foreshadowed by the experiments of Beddoes and Sir Humphrey Davy, in the latter part of last century, to Dr. W. T. G. Morton, an ingenious and accomplished dentist of Boston, is unquestionably due the merit of having first applied sulphuric ether, now so extensively employed in this country, for the prevention of pain in surgical operations. Nitrous-oxide gas, the article with which the late Dr. Wells, of Connecticut, performed the experiments which immediately preceded the discovery of Dr. Morton, is now almost universally employed in the extraction of teeth. The anæsthetic properties of chloroform were detected by Professor Simpson, of Edinburgh, in 1847.

Of the vast benefits of anæsthetics in surgical practice, I shall frequently have occasion to speak this winter. Meanwhile, it may be stated that anæsthetics are employed not merely to prevent pain, but also as aids in determining the diagnosis of various affections, as, for example, in sounding for stone in the bladder; in searching for the presence of foreign bodies in wounds; and in the reduction of dislocations and strangulated hernia. Midwifery, too, comes in for a share of the blessings of anæsthetics; and cases occasionally arise in which they may be advantageously employed in medical practice.

Among the most remarkable changes that have taken place in the treatment of diseases within my time, changes amounting to a positive revolution, is the abandonment of emetics, active purgatives, and venesection. Until within a comparatively short period, these agents were the great remedies for combating morbid action, and it is therefore not surprising that their employment for a long time should have been universal. To be sick, however slightly, and not to be freely vomited, purged, and bled, was an anomaly; to permit a patient to die without subjecting him to these ordeals, was a crime. If a man had a headache, an irritable stomach, or any disorder of the digestive organs; or if, in the language of the day, he was "bilious," a very common and popular expression, the very first medicine that was generally prescribed, was an emetic of tartrate of antimony and potassa, followed, within a few hours, by an active cathartic, of which calomel, or calomel and jalap, formed the principal ingredients. The object of the emetic was to rid the stomach of bile and other impurities; of the cathartic, to correct the secretions, especially of the liver, and to effect thorough evacuation of the bowels. If there was any arterial excitement, and if this excitement was not subdued by these remedies, blood was next freely drawn from the arm in a full stream, so as to produce not only a powerfully depressing, but also a decidedly spoliative effect. If the arterial action was very considerable, the lancet, instead of following, preceded the emetic and cathartic. The repetition of this course, of which this is a rapid outline, was of common, I might add, of constant occurrence. There were few patients whose ailments were at all severe or obstinate, who, on their recovery, if they were so fortunate as to survive this practice, could not boast of at least two or three copious bleedings, and of having swallowed twice that number of emetics and cathartics. This treatment prevailed both in city and country, though in the former, as the patients, from their peculiar habits and modes of life, were less able to bear very active depletion, its employment was less frequent.

The abandonment of this treatment, a treatment well entitled to the term "heroic," has for years past been complete. An emetic of any kind is now rarely given, no matter what may be the nature of the disease; drastic cathartics are less frequently administered; and as to venesection, even in the treatment of the more violent and dangerous affections, as, for example, pneumonia, pleurisy, gout, and rheumatism, in which it is said to have once been so beneficial, every one looks upon it with a sort of holy horror. The lancet, formerly the inseparable pocket-companion of the physician, now rests quietly in its case, encrusted with rust, a thing of the past, an object of curiosity and reproach. The divorce is complete. Young Physic boasts that he has never seen a lancet, and expresses surprise that such a weapon should ever have been in such universal use. Taking the practice of the present day as his standpoint, he cannot see why such a sanguinary operation should ever have been necessary. He looks with disgust at the conduct of his predecessors, loudly declaims against their want of judgment, and, like the Pharisee in the Bible, devoutly thanks God, that he is not like other men. Scrupulously abstaining from the spilling of blood, he entrenches himself behind his wine, his whisky, his brandy, his milk-punch, and his beef-essence, bids defiance to disease, and, in the triumph of his pride, regards himself as the very god of physic, to whom alone are confided the secrets of the healing art. He parades his statistics, counts few, if any losses, and is not only a benefactor to the

State, but a positive clog to the undertaker and the resurrectionist.

This change of practice reminds one forcibly of the story of Sganarel, the mock doctor, in the comedy of Molière, who, upon a doubt being expressed by Geronte that the heart was on the right side, and the liver on the left, replied, "Yes, it was formerly so; but we have altered all that, and we now practise medicine after quite a new method."

Whence, and wherefore are all these mighty, these astounding changes in our method of dealing with disease and death? Are they due to some radical alteration in the condition and habits of man himself, to a change in the type of disease, or to the improved knowledge and increased wisdom of the modern physician, and to his more intimate acquaintance with the virtues of certain remedies? These are momentous questions, upon the proper solution of which must depend much of your success, or want of success, as practitioners of the healing art.

If there has been any material physical degeneracy of the human race, as it manifests itself to me in my daily intercourse with the people around me, I have not been able to perceive it. They seem to be as tall, as hardy, as well proportioned, as healthy, as capable of enduring labor and fatigue as the people were forty years ago. They have not, so far as there is any outward evidence of it, undergone any essential change in their habits or modes of life. They use similar food and drink, follow similar occupations, breathe a similar atmosphere, indulge in similar amusements. If they eat beef and mutton, terrapin, croquets, oysters, and chicken-salad, fortified with champagne, whisky, and brandy, so did the people a generation ago. If we go into the rural districts, we shall find the same remarks to be applicable. Nowhere is there any evidence whatever of deterioration of the race. During the late war the most abundant proof was furnished on both sides of the line, of the extraordinary power of endurance among the soldiers, in the astonishing marches which, on more than one occasion, were performed, feats which were never surpassed, if, indeed, equalled, by any armies either in ancient or modern times. If the races of the Old World are deteriorating in stature and muscle, I repeat that I know nothing to justify the belief that such changes are occurring among the inhabitants, native and foreign, of this mighty continent, the best fed, the best clothed, the best housed people on the face of the earth.

It has been asserted that the change in our treatment has been caused by a change in the type of disease. This, indeed, is the prominent doctrine of the day, endorsed by many of the most enlightened physicians, surgeons, and accoucheurs throughout the civilized world. It is based upon the assumption, at first sight plausible enough, that disease has lost much of its inflammatory character, and that, owing to some peculiar condition of the system, hitherto not satisfactorily explained, it has a strong tendency to run into a typhoid state, thus absolutely forbidding the use of the lancet and other depletory measures, formerly so much in vogue, and imperatively demanding the employment of alcoholic stimulants and a generous diet. This doctrine of a change in the type of disease is not new. Distinct mention of it is made by some of the older writers. As a matured plan of treatment, however, it was originally enunciated by John Brown, of Edinburgh, generally known as the founder of the Brunonian system of medicine, a pupil and afterward a rival of Cullen, who, in order, apparently, to bring discredit and contempt upon his master and the celebrated school of which he was the chief ornament, taught that there were two distinct classes of diseases, the sthenic and asthenic, the former, as the name implies, being attended with over-action, the latter and the more frequent of the two, with debility or exhaustion. Brown discarded active depletion altogether, and trusted wholly to opium and alcoholic stimulants, of which he himself was a habitual consumer, for the cure of diseases. Although he was a mere sot, and finally perished, at a comparatively early age, from the effects of his intemperance, his doctrines rapidly spread over Europe, and, for a time, completely enchained the minds of many of the most distinguished physicians, especially in Italy and Germany, the field of its greatest and wildest luxuriance. A lull, however, at length ensued, and for upward of a quarter of a century Brunonianism was nearly forgotten, when it was revived by the late Dr. Robert Bentley Todd, Professor of Physiology and Pathological Anatomy in King's College, London. Connected with a large hospital, the inmates of which were, for the most part, of a broken-down, dilapidated constitution, he was forced, despite the prejudices of his education and the habits of his early life, to abandon depletory measures, and to rely solely upon the use of stimulants, tonics, and a generous diet. As he was a fascinating teacher, and an able writer, his views rapidly spread from Europe to this country, where they were soon re-

ceived by the great body of medical men as sound and reliable guides in practice.

Todd, it will thus be perceived, went a step further than his Scotch prototype; for, while the latter taught that one class of cases required depletion and the other stimulants, the London physician abandoned himself entirely to the latter, zealously maintaining the doctrine of a change of type of disease, and the consequent inability of the patient to bear the loss of blood, generally even by cupping and leeching. That a man of the transcendent ability of Dr. Todd should have fallen into such an astounding error is not a little surprising; the circumstances can only be explained upon the assumption that he had a very limited private practice. This, at all events, is a reasonable construction. Seeing chiefly hospital patients, enfeebled by neglect, intemperance, and starvation, he could hardly have reached any other conclusion. His patients had no blood, no muscle, no life-power. Stimulants and tonics were necessary at the very outset of the treatment. The system required to be upheld; not depressed and depleted. The class of cases attended by Dr. Todd were such as are to be found in every eleemosynary institution in every crowded city in the world. The Philadelphia Hospital, as you will see by and by, is filled with them, and there is hardly, at any time, summer or winter, spring or autumn, an individual within its wards, whatever may be the nature of his ailment, who could bear the loss of ten ounces of blood with impunity, or one whose condition would not be rendered materially worse by an active emetic or an active cathartic.

In promulgating his doctrine, one of the most pernicious in the annals of medicine, Todd forgot that there is in every community a class of patients the very opposite to that just referred to—the well-fed, the plethoric, the comparatively robust—those whom Brown designated as the sthenic. Will any one who knows anything of the nature and treatment of acute disease affirm that such patients would not be benefited, vastly benefited, by a little leaven of the "old practice," the lancet, and at least an active cathartic? Will any one contend that inflammation—pneumonia, pleurisy, gout, and dysentery, to which such persons are particularly subje t—is less active, less destructive than it was a generation ago? I imagine not; at all events there is no evidence of it. Already the doctrine, with the practice based upon it, is tottering to the ground. Some of its ablest advocates have already renounced it as false and dangerous, as an ignis-fatuus, only calculated to mislead the thoughtless and the unwary.

Three circumstances, so far as I am able, from much observation and reflection, to form an opinion, lie at the foundation of these extraordinary changes:—a more comprehensive knowledge of the efficiency of certain remedies; a greater reliance upon the powers of nature; and the influence of fashion in shaping the conduct of physicians.

1st. Every one familiar with the progress of materia medica within the last quarter of a century, is aware of the valuable additions that have been made to the stock of our knowledge. It is only necessary here to refer to aconite and veratrum viride; the former a European, the latter an American remedy. Both of these articles are most powerful depressants, daily employed in the treatment of inflammatory affections. A few drops of either, repeated every hour or two, will speedily reduce the force and frequency of the pulse, open the pores of the skin, lessen pain, and relax the system. These agents, of which the teachers and writers of my student-days were entirely ignorant, are among the most potent and trustworthy antiphlogistic remedies at present known, and they have effectually, in the hands of most practitioners, usurped the place of the lancet, the emetic, and the cathartic.

2dly. Experience has shown, especially since the introduction of homœopathy and various kindred illusions, that Nature alone, without any aid whatever from medication, properly so-called, is often competent to cure disease, particularly if very mild, and the patient do not, by any indiscretion, interfere with her operations. This fact is now so thoroughly established as not to require any elucidation. It is the platform of Young Physic. The older a practitioner grows, the less medicine he generally gives; for he well knows that perfect rest of mind and body, and abstinence from stimulating food and drink, are frequently more effective in arresting and dislodging morbid action then the most potent article of the Dispensary. Radcliffe, in his old age, pithily said, "When I was young I had fifty remedies for every disease, now I have hardly one remedy for fifty diseases." Hippocrates, Galen, Sydenham, Boerhaave, Cullen, Hunter, Rush, were all believers in the healing power of Nature. A knowledge of this power, which deserves to be profoundly studied, is the basis of the success of the practice of Hahnemann and his disciples. Globules which can be swallowed with impunity by the ounce, cannot exert any

positive curative agency. While they soothe the patient's mind, Nature does the work.

3dly. Fashion has often much to do in moulding the practice of physicians. It is as much of a tyrant in our profession as it is in millinery, in mantua-making, and in the cut of one's coat. Eugenie introduced the crinoline, simply because she desired to conceal a temporary defect in her person—a defect of which most ladies who love their lords are proud—and the "skeleton" speedily found its way into every house in the civilized world.

It is impossible to account for the whims and caprices of the human mind. Weakness is its great essential characteristic. There is nothing, however absurd, that it will not believe. We express surprise when we hear that a great medical luminary has succeeded in attaching his name to some particular theory or mode of practice, and is thus completely revolutionizing the sentiments, not merely of the lesser lights of the profession, but of men who, in point of talent, judgment, and skill, are in all respects his equal. It is still more curious to find that certain diseases have been, at times, fashionable. When Louis XIV. suffered from anal fistule, that loathsome disease became at once the fashionable ailment of his debauched court. Dukes and duchesses, counts and countesses, virtuous women and courtesans, all either had the disease, or affected to have it. "'Tis a distemper," says Dionis, "grown in fashion since that which the king had, and on which the chirurgeons were forced to perform the operation in order to its cure. Several of those who before that time carefully concealed their having it, are not now ashamed to publish it, and some courtiers have even chosen Versailles for the place where they will undergo the operation, because the king should be informed of all the circumstances of their indisposition. Those who have only a small draining, run immediately, and turn up their posteriors to a chirurgeon for him to make incision. I have seen above thirty who desired to have the operation performed, and whose folly was so great that they seemed angry when they were assured that they did not at all want it."

There are even fashionable physicians. A handsome face, bland manners, and an elegant dress, with a stylish carriage and groom, have often done more in securing practice than the most profound talent and attainment. When Dewees was in the heyday of his glory, as an obstetric practitioner, there was hardly a fashionable woman in Philadelphia who would consent to be delivered without his aid. In one instance, recorded by the distinguished accoucheur himself, the lady actually went nearly one month beyond the ordinary term, purposely, it may be imagined, to have the gratification of his attendance.

It is within the recollection of the older members of the profession, both in Great Britain and in this country, how fashionable liver complaints were forty years ago, in consequence of the influence of the writings of Faithorne and Johnson. All cases of dyspepsia, intercostal neuralgia, and chronic cough, were referred to disorder of this organ, which, in most instances, was as innocent of their accusation as the babe in the womb is of the sins of its mother. When Corvisart, physician to Napoleon, published his treatise on diseases of the heart, cardiac affections became at once exceedingly prevalent. Twenty-five years ago all the women of America labored under spinal irritation. Mr. Teale, of England, and the late Professor John K. Mitchell, of this city, had each published a tract upon the frequency and importance of this affection, and for a number of years it was the dominant complaint. The late Dr. Horace Green, of New York, popularized throat diseases, and, for a time, the tyrant, fashion, ruthlessly sacrificed every tonsil and uvula that had the misfortune to come in the way of the physician. At present, diseases of the uterus are the fashionable disorders. Not to have an ulcer upon the womb is to be beyond the pale of the sex. Every chronic complaint to which women are subject is at once referred to this malady, and they are as angry when told that there is nothing of the kind, as were the courtiers and others in the time of Louis XIV. when informed they had no fistule. Doctors and patients alike have womb on the brain.

Dr. W. D. Buck, of New Hampshire, in an address before the Medical Society of that State, has so admirably hit off this proclivity, that I cannot forego the pleasure of quoting some of his remarks. Speaking of the uterus as a harmless, inoffensive little organ, stowed away in a quiet place, "it furnishes," he jocosely says, "a capital field for surgical operations, and is now-a-days subject to all sorts of barbarity from surgeons anxious for notoriety. Had Dame Nature foreseen this, she would have made it iron-clad. What with burning and cauterizing, cutting and slashing, and gouging, and spitting and skewering, and pessarying, the old-fashioned womb will cease to exist, except in history. The Transactions of the American Medical Association have figured one hundred

and twenty-three different kinds of pessaries, embracing every variety, from a simple plug to a patent threshing-machine, which can only be worn with the largest hoops. They look like drawings of turbine water-wheels, or a leaf from a work on entomology. Pessaries, I suppose, are sometimes useful, but there are more than there is any necessity for. I do think that this filling of the vagina with traps, making a Chinese toy-shop of it, is outrageous. Our grandmothers never knew they had wombs, only as they were reminded of it by the struggles of a healthy fœtus, which, by the by, they always held on to. Now-a-days, even our young women must have their wombs shored up, and if a baby accidentally gets in by the side of the machinery, and finds a lodgment in the uterus, it may, perchance, have a knitting-needle stuck in its eyes before it has any."

Within the last few years, diseases of the larynx have been rapidly rising into distinction, and are likely, for a time, to exert an extensive influence upon the credulity of the people and the practice of the profession.

[To be continued.]

On the Employment of Digitalis in Mania.

Dr. Isambert, of Paris, reports in the *Bull. de Thér.* lxxiii, p. 42, July 15th, a case of Lype mania, in a boy fourteen years old. Choreaic movements, with violent delirium were followed by maniacal paroxysms which rendered the temporary use of a straight-jacket necessary. Thirty drops of tincture of digitalis given daily made the chorea-like movements almost entirely disappear, and the violence of the delirium diminish, so that the boy no longer annoyed the other patients during the week that he remained in hospital previous to his removal to an asylum.

Case of Quintlet Birth.

Dr. Galopin reports in the *Journal de Bruxelles*, xlv. p. 48, July 1867, the case of a woman of Illiers, forty years old, whose seventh pregnancy commenced November, 1866. She has had twins once before, and five times single children. In April, 1867, although only five months gone, she was as large as women usually are at the end of term. On the 26th of April, colic-like pains set in, which becoming like labor pains, the next morning a midwife was called, who found the os dilated, and rupturing the protruding bag of waters, delivered the woman of a child, which with intervals of twenty to thirty minutes, was followed by a second and a third. As the abdomen was still large, and the midwife feared flooding, Dr. Galopin was called in, who delivered the woman of a fourth child, and after a quarter of an hour on trying to remove the afterbirth, a fifth child was found and born. All five children were born alive and lived from four to seven minutes. The labor had not been either very tedious or difficult. All five children were males, well built, and as well developed as normal fœtuses of five and one-half months usually are in a single birth. There were two placentas which were united on one side, and five distinct umbilical cords, three being inserted in one, and two in the other placenta. After the labor was completed the uterus contracted normally, and the woman made a good recovery.

Nebulized Æther for Relieving the Pain of Neuralgia.

Dr. Horand, of Lyons, communicates several cases to the *Journal de Med. de Lyon*, June, 1867. Although the influence of nebulized æther thrown upon painful portions of the body may not be permanently curative, he recommends it very highly, as at least a temporary means of relieving the severest neuralgia.

A Model Middle-class Asylum for the Insane.

Now that the subject of middle-class asylums for the insane is being publicly discussed, it may be useful to refer to the success of the Crichton Royal Institution, which is the model middle-class asylum for Scotland. It took its origin in a handsome bequest, some twenty years ago, by Dr. Crichton. Under its present constitution, a large number of patients of various classes are admitted, at payments, varying upward from as low sums as £15 or £20 a year. At this asylum, the arrangements for the comfort and entertainment of the patients are perhaps more complete than at any other in the country. The patients print a fugitive periodical sheet, which is called *The New Moon*, and often contains very creditable, as well as some very curious prolusions. The patients give their own parties to their friends and neighbors. The asylum is under the management of Dr. Gilchrist, who takes care, besides superintending these arrangements, to provide for instruction in languages, drawing, and music, to those who are willing and able to profit by it. Such an institution for London would undoubtedly be a great boon. The Crichton Institution is connected with the county asylums of Dumfries, Wigton, and Galloway; and, if a similar institution could be associated with St. Luke's and Bethlem Asylums, where provision is already made for acute cases of insanity amongst the middle classes, a very satisfactory organization might be achieved.—*British Med. Journal.*

Reviews and Book Notices.

NOTES ON BOOKS.

"The Cincinnati Medical Repertory" is the name of a new periodical established in Cincinnati, under the editorial superintendence of J. A. Thacker, M. D. It appears monthly, and promises well in respect to articles.

A new edition has been published by S. S. White, of Philadelphia, of a little tract, useful to the dentist specialty, entitled, "A Concise and Practical Description of the Fifth Pair of Nerves, By Jas. E. Garretson, M. D., D. D. S., etc.," with a full sized colored plate, by Dr. H. A. Daniels.

The Medical Society of Harford co., Md., have published their constitution and by-laws, together with the code of ethics, fee-bill, and list of members, in a neat little pamphlet. The example is one worthy of general imitation.

Though not a professional work, we may mention that Dr. G. Naphegyi, formerly surgeon in the Mexican service, is about publishing, with Messrs. Lippincott & Co., of this city, an "Album of Languages," containing the Lord's Prayer in one hundred tongues. It will be found of interest to all interested in philological studies.

The "Thirty-fifth Annual Report of the Managers of the Pennsylvania Institution for the Blind," shows that excellently managed establishment in a flourishing condition. It may not be generally known that a quarterly magazine in raised letters for the blind is there published, and the progress of many of the students so conspicuous, that it has been suggested to establish a college for a higher course of instruction.

The "Report of the Trustees and Superintendent of the Maine Insane Hospital, Dec., 1867," has, among other interesting material for the mental pathologist, some remarks by Dr. Harlow, the Superintendent, on the frequency of insanity from abuse of the sexual organs. "More mental suffering," he remarks, "is caused by a perversion of these organs than can be traced to any other one source."

This view is supported by the figures in the "Thirteenth Annual Report of the Trustees and Officers of the Northern Ohio Lunatic Asylum, for the year 1867," in which the probable cause, "masturbation," is assigned to a larger number of cases than any other antecedent. The report of the Superintendent, B. Stanton, Esq., is brief and lucid.

From the same State we have received the "Annual Report of the Directors and Warden of the Ohio Penitentiary for 1867." It indicates a most praiseworthy energy on the part of the officers to improve the moral and mental condition of the unfortunate class of society entrusted to their care.

Dr. Edwin M. Snow's "Alphabetical List of Persons Deceased, Born, and Married, in the City of Providence, during the year 1866," is an admirable statistical compilation, which we hope to see not only continued in the future, but imitated by other cities in our country. We refer to it more in detail elsewhere.

The same able physician has lately presented to the Rhode Island Legislature a "Report upon the Sanitary Effects of Filling the Cove Basin in the City of Providence," in which he argues very forcibly against such a proceeding, and, it seems to us, on very good grounds.

An excellent practical pamphlet, of some seventy odd pages, has been published by Dr. F. R. Squibb, of Brooklyn, entitled, "Pharmacy of the Cinchonas, and of Podophyllum, with Suggestions upon their Therapeutic Uses, Modes of Application, and Tests of Quality." It is a continuation of his papers on the subjects of economy in the use of alcohol and percolation, which have, from time to time, appeared in the proceedings of the American Pharmaceutical Association, and in the *American Journal of Pharmacy*. It should be read by all interested in these important subjects.

A "Lecture Introductory to the Course of Orthopædic Surgery, delivered at Bellevue Hospital Medical College, by Prof. Lewis A. Sayre," (New York, Moorhead, Simpson, & Bond,) sustains the well-known reputation of the writer. We observe he spells the name of his specialty, "orthopædy," and derives it from ὀρθὸς and παιδεία, "to educate to straightness," which is certainly more consonant with its ordinary use than Webster's derivation from ὀρθὸς and *pes*, a foot, or Dunglison's, from ὀρθὸς and παῖς, a boy. Let us adopt Professors Sayre's etymology, and henceforth discard all such orthographies as *orthopedy* and *orthopœdy*.

Photographs of Skin Diseases taken from Life, under the superintendence of Howard F. Damon, A. M., M. D. Boston: James Campbell, 1868. For sale by Lippincott & Co., Philadelphia. Price per number, two Photographs, $1.00. Each series, six Photographs, $3.00.

This is a new undertaking for this country, and we hope it will succeed. No part of diagnosis is more difficult than that of skin diseases,

and no better way to simplify it could be thought of than these pictures from life. They are very artistically executed, and display with unmistakable clearness the various dermic lesions. The present (second) series contains alopecia, herpes, and ichthyosis, two photographs of each.

The Half-yearly Compendium of Medical Science; A Synopsis of the American and Foreign Literature of Medicine, Surgery, and the Collateral Sciences. For six months. Edited by S. W. Butler, M. D., and D. G. Brinton, M. D. Part I. January, 1868. 1 vol., pp. 272. *Price*, $2.00. Subscription for one year, $3.00 in advance.

The editors, in venturing into the field of medical journalism with a semi-annual synopsis of the facts and discoveries in the science of medicine, have done so under the belief that there is no work in English which fully covers the ground, and is entirely adapted to the American mind. The British half-yearlies, by Dr. Ranking and Dr. Braithwaite, rarely notice any American Medical Journal, and never more than one or two; the retrospect of the latter confines itself to English journals only, hardly ever having an extract from those of the continent of Europe, and is moreover objectionable on account of the length, and consequently limited number of its articles. Ranking's abstract is better in this respect, but its quotations from German and French periodicals are nearly all at second hand, and are insignificant in number.

The Half-Yearly Compendium intends to levy contributions directly from every prominent journal of the world, to give the cream of every medical monograph published, and to cull from the proceedings of Societies whatever is of practical value to the working physician.

This first number, though of course it is not so perfect as it should be, nor as it will be when a more thorough organization is completed, compares most favorably, both in appearance and contents, with either Ranking or Braithwaite. In the first place, the page is a little larger, the type is clearer, the paper very much better, and the thickness about the same.

For January, 1868, *Braithwaite* has 114 articles, *Ranking* 270, The Compendium 340.

Several departments, such as Dentistry, Veterinary Medicine and Surgery, State Medicine, and History of Medicine, omitted in both the others, are here treated at length. The American and English medical journals have all been carefully gone over, and among those in foreign languages, extracts are made directly from German, French, Italian, and Portuguese sources. The proceedings of medical and pharmaceutical societies are represented, and various monographs are quoted. The articles are short and to the point; and we venture to say that not a single valuable fact in the vast field of medical science has transpired during the last six months, but will be found in its pages.

Pathological Anatomy of the Female Sexual Organs. By Julius M. Klob, M.D., Professor at the University of Vienna. Translated from the German by Joseph Kammerer, M. D., and Benjamin F. Dawson, M. D. New York: Moorhead, Simpson & Bond. 1868. 1 vol., 8vo., cloth, pp. 293. *Price*, $3 50.

The fame of Klob as a profound gynœcologist, is familiar to all who have paid any attention to the German literature of that specialty. This first volume, which is devoted to affections of the Uterus, will extend his reputation widely on this side of the Atlantic. It is a comprehensive, scientific, thoroughly exhaustive treatise, such as we may look for in vain outside of Germany. It is true that its style and arrangement are better adapted to a European than to an American class of readers, but these objections are in great measure overcome by the care and tact with which the translators have done their work. None can appreciate the labor they have expended, but those acquainted with the original.

The volume describes, first, the "Anomalies of Formation" of the Uterus, both those which are primary, those occurring during childhood, and later in life. It then takes up the "Anomalies of Nutrition," such as hypertrophy, atrophy, catarrh, ulcerations, etc., and finally treats of the "Puerperal Affections of the Uterus," metritis, peritonitis, hæmorrhage, etc. The literature of the different subjects discussed is fully and critically mentioned at the head of each section.

As for the paper, type, and proof reading, the name of the energetic and tasteful firm who are the publishers, are sufficient guarantee that they are as far above criticism as any productions from the American press.

Music.

We have received from J. L. Peters & Co., 200 Broadway, New York, a copy of the United States *Musical Review*, for February. The *Review* is a monthly magazine of 32 quarto pages, at $2 per annum, and is filled with interesting articles of value to musicians, and choice selections of music. We will furnish the *Review* to subscribers to the Reporter, at $1.50.

We have also received from Tremaine, 481 Broadway, New York, the following pieces of select music: "The Smile whose Sweetness Won Me," "The Soldier's Prayer," and "Day by Day."

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 8, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

THE DECAY OF THE NATIVE AMERICAN POPULATION IN THE UNITED STATES.

This much discussed question has been receiving renewed attention of late. The gentlemen who are as prominent as any in the matter, are Dr. Edwin M. Snow, the well known statistician of Providence, and Dr. Nathan Allen of Lowell, Massachusetts. Singularly enough, they take diametrically opposite sides. Dr. Allen is of opinion that there is a very ominous prospect that the F. F's of the whole country will in a little while become extinct; that of the immense cargo which "came over in the Mayflower," in a few generations, no trace will be left but the articles of furniture, as all the lineal descendants of the Puritan fathers are in a fair way to die out. The cause of this, he hints, is chiefly found in the various shortcomings and improper habits of the female sex. However ungallant this charge may be, it becomes us to notice it fairly, and give it all due weight. But not to follow the example of the philosophers in the well-known anecdote variously attributed to Louis XIV., Charles II. and Dr. Franklin, who commenced with diligence to explain why a turbot placed in a tub brimful of water would not cause the fluid to run over, before they had ascertained that such was the fact, let us convince ourselves that any such diminution is really going on.

Dr. Snow, whose careful study of statistics gives his opinion a weight possessed by few others, in a recent pamphlet entitled "Alphabetical List of Persons Deceased, Born, and Married in the City of Providence during the year 1866" (Providence, 1867), does not find the statement beyond attack. In a review of this interesting document in a Providence journal, the writer gives Dr. Snow's results as follows:

"The question of the decadence of the native American population of New England and the increase of the 'foreign' element, is greatly troubling some of our would-be philosophers, not one of whom, it is certain, can trace back his own native American blood more than two hundred years before he finds that his ancestors were nothing but 'foreigners.' It is difficult to understand exactly what these men mean. They undertake to prove that the native American race is running out, and do it by denying that about two-thirds of the native born children in New England are native Americans. What nonsense! The native American population of New England running out! Look at Providence. During the year 1867, there were 1600 children, more or less, born in Providence. It is certain that every one of these was a genuine native American. During the same year only 528 persons of American parentage died in Providence, showing a gain of at least 1100 to the native American population of the city in a single year. If our readers find any fallacy in this reasoning, we respectfully refer them to the principal advocates of the doctrine of the decadence of the American population, for an explanation.

"The truth is, the native American population of New England was never increasing faster than it is to-day; but its character is entirely different from what it was in years gone by, and it is fast changing. The distinction of parentage and nativity, in the vital statistics, as it is given in our city and State, and nowhere else, furnishes most important information respecting this change in our population, and enables us to measure its extent and judge of its effects. Our statesmen and philosophers will do well to study these changes, and strive to direct the results; but they much better accept the situation, and cease their useless grief over what cannot be helped, and what, perhaps, had better not be changed if it could be."

We must say, however, that this does not look to us a perfectly fair statement of the question. The point is dodged. Dr. Allen and his party would say that marriages between persons both born in New England, are as a rule less fruitful than those in which either bride and groom, or both, are of foreign parentage. This so far as Boston and Massachusetts are concerned, has been conclusively proven, and the fallacy of the Providence reviewer is very clear.

Whether it holds good in other States is still to be inquired. We are inclined to think that it does not, in any of the middle or western States, judging, however, rather from observation than statistics.

The causes of this diminished fecundity, as we have before urged in the Reporter, are complex, and as yet difficult to set forth in full. They seem connected with certain great social laws, partly founded in the altered relations which increased wealth and culture

bring about between the sexes, partly in a natural principle of compensation, analogies to which are discoverable in other organic beings of lower formation, in accordance with which the reproductive forces are excited in inverse proportion to the expectation of life in the aggregate of individuals generated. Probably of a given number of children born of native American parents, a greater number arrive at the age of puberty, than in an equal number from foreign born or mixed parents. That the habit of criminal abortion has any especial bearing on the question, we agree with Mr. Apollonio, Registrar of Boston, Dr. Snow, Registrar of Providence, and other capable inquirers in discrediting.

Notes and Comments.

Death from Mere Pain.*

A case of interest was before a Coroner's jury on the 10th of January, in Louisville, Ky., involving, if we rightly understand it, a supposed death from the use of chloroform. We make the following quotations from the testimony of Dr. T. S. Bell:

"Dr. Bell said that the mere fact that a case of death occurs during the administration of chloroform, does not necessarily make them stand in the relation of cause and effect. In many cases the relation may be nothing more than mere coincidence. Ambrose Pare, an ancient and renowned surgeon, mentioned cases of death where the only cause seemed to be mere pain. Heister, an ancient German, a very reputable surgeon, gave similar instances. Travers, in his great work on 'Constitutional Irritation,' records similar cases. No trace of any cause could be found. Dr. Bell said he knew of a case in this city, in which a lady in apparently perfect health, passed instantaneously, after a single shriek, into death, and a careful, thorough *post-mortem* examination, made by four physicians, failed to reveal even a trace of any cause for the death. Every organ in the system was in a perfect condition for health, instead of death.

"Dr. Bell then illustrated the subject further, by detailing a case that occurred a few years ago in Oldham county. A young lady, fifteen years of age, recognized by all who knew her, as one of the most healthful girls in the county, rode three miles from home, to her physician, for the purpose of having a tooth extracted. She requested the use of chloroform, and it was given with very happy effect. One year from that time, still in the enjoyment of vigorous health, and recognized by all who knew her as one of the healthiest girls of the county, she rode on horseback to the residence of the physician who had extracted a tooth for her one year before. She went for the purpose of having another tooth drawn. On this occasion she determined to do without chloroform. The physician told Dr. Bell that when the tooth started from its socket the young lady gave the most unearthly shriek he had ever heard. After a short time she went to her horse, was helped on it, and she started home. The family could see her approach some time before she could get to the house, and noticed that the bridle reins were lying loose on the horse's back, and that the young lady was lying across the saddle. Some of her relatives ran across the farm, and upon reaching the horse found her utterly unconscious. A messenger was sent for her physician. He summoned a neighboring physician to assist him. They remained with the case all night, and the young lady died about daylight the next morning, without any recovery of consciousness.

"Now if this young lady had taken chloroform on this last occasion, her death would have been ascribed to that agent, for the simple reason that no other cause could be imagined. Yet she went into unconsciousness, and died mysteriously, without any cause of which we can reasonably conceive. It is not, therefore, obvious, by any means, that because a person dies while inhaling chloroform, that chloroform is necessarily the cause of death, because it is notorious that thousands of sudden, mysterious, inexplicable deaths occurred before chloroform was known."

The Preservation of Anatomical Preparations.

Dr. Duchenne, of Boulogne, has availed himself for five years of Van Vetter's plan of preserving anatomical preparations, with the most gratifying success. Seven parts of glycerine are mixed with one part of brown sugar, and one-half part of saltpetre; and the specimen to be preserved is immersed in this mixture for a greater or less length of time, according to the size of the specimen; thus, a hand, for instance, requires a week's immersion. After first being taken out, the part is immovable and stiff, but hung up in a dry and warm place, the superfluous glycerine evaporates slowly, and the muscles and joints become soft and pliable. To prevent mouldiness, the specimen is then varnished, and must always be kept in a rather warm and dry

* A Report of the case referred to here, appears in another column.—Eds.

place. Dr. DUCHENNE states (*Gazette des Hôp.*, 84, 1867,) that he demonstrated the motions of the middle finger in a hand exposed to the air for four months.

Correspondence.

FOREIGN.

LETTER FROM PARIS.

PARIS, Jan. 8th, 1868.

Iodoform in Cancer of the Uterus.

At the municipal Maison de Santé, in the service of M. DEMARQUAY, some remarkable cases have been recently observed of the beneficial influence of iodoform upon cancer of the uterus. Without in any way hindering the march of the disease, this agent seems able to diminish the suffering to an extraordinary degree. The first case related is that of a patient who entered the Maison perfectly exhausted with hemorrhage and pain. A basselated tumor occupied the uterine orifice. After a day or two of expectation, the physician introduced into the vagina a suppository composed of ten grammes of butter of cacao, and fifty centigrammes of iodoform. During four or five days, no benefit was derived from this treatment, but on the sixth, the suppository was pushed into a cavity of the tumor, and from that day the pains ceased, as by enchantment. Certain digestive troubles disappeared, the patient's appetite and sleep returned, and very soon she found herself so completely comfortable, that she had no doubt of her rapid recovery. The suppository was introduced every two days during three months, and the comfort of the patient was undisturbed to the last moment. After several days of extreme feebleness, in which the dying woman never ceased to bless the remedy which she believed had saved her life, death supervened, but disguised by the most complete euthanasia.

In another patient, of whom the observation is not yet complete, a similar remission of suffering was also obtained.

It is necessary that the inflammatory period of the disease should have ceased before the local application of iodoform be attempted.

Instead of a suppository, an emulsion of iodoform may be applied upon lint to the tumor. This emulsion may be prepared with one part tincture of iodoform and four parts glycerine.

Oxygen in Diphtheritic Paralysis of the Soft Palate.

Dr. FANCHER inserts a note in the *Union Médicale*, on the application of oxygen in diphtheritic paralysis of the soft palate. He relates two cases in which inhalation of the gas had effected cures, where ordinary tonic treatment, continued for several weeks, had proved unavailing. In the first case only two inhalations were taken, and at an interval of four days. The case was complete after the second dose, although a paralysis of the lower extremities continued a month longer. In the second case, marked amelioration was obtained by the first inhalation. Five days later, as the patient was still languishing, the oxygen treatment was repeated; several pounds were consumed in six days, and dissipated a paralysis of the limbs that had begun to manifest itself. Six weeks later, after neglect of tonic treatment, the limbs again became benumbed, and the inhalation was repeated during four days, this time with complete and final success.

Hysteria Simulating Meningitis.

In M. BOUILLAUD'S service at La Charité, has recently occurred one of the most singular and interesting cases that it has been my fortune to observe.

The patient, a woman of about 28, had suffered, four years previous to admission to the hospital, from what appeared to be a cerebral attack, accompanied by hemiplegia of the left side. The hemiplegia, which involved also the sphincters, lasted five months, but the recovery was perfect, and since that time her health had been tolerably good. At the date of entrance, the actual symptoms were slightly marked, and pointed to no definite disease. But the patient had been "under the weather" for three weeks, vomiting continually, and suffering from restlessness at night, and bad dreams. She was now rather heavy, and inclined to sleep, the pulse somewhat slackened, skin of a normal temperature, bowels confined. Anorexia was marked, but the tongue was not febrile. The first day, treatment was confined to expectation. The second, the cerebral symptoms definitely developed themselves, the patient began to complain of cephalalgia, which continually increased in violence, and elicited a subdued groaning. Slight double internal strabismus declared itself, and on the third day was extremely pronounced. On this day, also, delirium commenced, and continued with violence through several nights, sinking into demi-coma in the daytime, during which the patient was quite unconscious. Decubitus dorsal, but there was no grinding of the head or teeth. The constipation was excessively obstinate, but vomiting had ceased, and did not renew itself until several days later, when the

consciousness of the patient returned. The pulse was slow, full, and tense, and the skin became moderately hot. The first day of the appearance of these various symptoms, the treatment (unusually unheroic for the wards of M. Bouillaud) was confined to the application of a blister to the feet, but as the meningitis became more and more evident, the head was shaved and covered with a blister, ten centigrammes of calomel administered daily, and when the forces of the patient seemed to flag, musk was given by the rectum. The third or fourth day the consciousness returned, although the strabismus continued, and the entire body was wrapped in a strongly marked anæsthesia. No motor paralysis, however, existed, other than that of the sixth pair, indicated by the strabismus. Speech was slow, but there was no stammering. At this moment the patient began to vomit two or three times a day, and continued to suffer greatly from headache. The temperature of the head, however, was not abnormal.

The amelioration in the disease was regarded as temporary, and a relapse expected. It did not, however, occur. The patient continued steadily to improve, and is now in full convalescence. It is about a fortnight since the full development of the disease. The strabismus has entirely disappeared, and only a slight numbness remains to indicate the profound anæsthesia that existed. Headache, however, and buzzing in the ears continue. Under these circumstances, the diagnostic of meningitis was withdrawn, and it was decided that the patient this time, as on the occasion of her former illness, had suffered from an attack of hysteria, simulating the more formidable disease. The general resemblance was extremely close, but a more minute examination detected, first, that the tâche cerebrale, praised by Trousseau, as characteristic of meningitis, was wanting. The absence of convulsions, paralysis, irregularity and rapidity of the pulse, could count for nothing against the diagnosis of meningitis, for these are symptoms of the third stage, and by the supposition, the disease had not advanced beyond the second. It was extremely noticeable, however, that the *debut* was unmarked by the insomnia which properly belongs to brain fever, and, instead, a degree of somnolence, speedily degenerating into demi-coma, such as only appears toward the end of the second stage of that classic disease, was observed from the beginning of the case.

Again, the face of the patient was uniformly pale, and none of the irregular flushes were noticed, so characteristic of cerebral inflammation. The respiration was slow and sighing, but not irregular. According to Trousseau, irregularity of the respiration is the only infallible sign of meningitis. The abdomen was flat, but not retracted.

On the whole, therefore, it became possible to distinguish the case, but it is probable, that had the unexpected and rapid recovery not awakened suspicions of the correctness of the diagnosis, these points of difference would have been classed among the anomalies that so frequently complicate the most regularly evolved meningitis.

Few clinical experiences are more instructive than those which lie thus on the border line between well defined pathological territories, and upon whose diagnostic difficulties the greatest experience and sagacity often make shipwreck. On this account, I will quote another singular instance of complicated diagnosis, in which affections the most widely apart possible, tended to become confounded with one another.

Embolism.

The case is reported in the *Gazette des Hopitaux*. Ainice P., a concierge at the Batignolles, left home in the morning, feeling in perfectly good health, intending to take an omnibus to go to a distant part of the city. At the moment that she was about to mount the step, and before setting down the foot that she had raised, she felt suddenly a sharp pain in both legs, which presently became numb and cold, and the muscles contracted. While being carried home, the pain concentrated itself almost exclusively in the left leg, and acquired there an extreme violence.

The physician, summoned three hours after the first accident, found the patient anxious, cold, without fever or chill, and only complaining of extremely painful cramps. Both the feet were drawn in adduction, which was most pronounced for the right limb, though the cramps and coldness continued more intense in the left.

There was neither vomiting nor purging, neither suffocation nor epigastric pain. The chest was full of mucous and sibilant rales, the pulse feeble, irregular, and intermittent. The cardiac pulsations were also irregular, but it was impossible to find any characteristic *bruit de souffle*.

These symptoms, observes Dr. Noblet, were nearly identical with those of dry cholera. Probably in virtue of this resemblance, the patient was treated with an emetic of syrup and powder of ipecac.; a tonic draught after the vomiting, and a large fly blister on the chest.

In the meantime, the accidents were occasioned by conditions widely different from cholera. On the seventh day, after several variations had

occurred in the cramps of the legs, the left foot commenced to redden, then became violet, and finally black, first on the dorsal surface, then the malleoli, finally the toes. The case was now clear. It was gangrene determined by an embolus.

The patient, strangely enough, was allowed to die, on account of leaving the elimination of the gangrened tissue entirely to nature. This elimination proceeded slowly but satisfactorily for two months, when, in spite of excellent local conditions, the general health of the patient declined; she lost her appetite and refused the stimulating food which had before been grateful. The face and upper limbs become œdematous, and afterward, the lower; vomiting set in, and became more and more frequent; cardiac pulsations more and more irregular, and the patient died about ten weeks after the first accidents. The death was apparently the result of re-absorption from the abundantly suppurating wound.

The foot had been nearly eaten away, and was only retained by the Y ligament of the plantar face and a portion of the external border which was not gangrenous. Had amputation been performed, and the system been saved the task of eliminating these resistant ligaments, the life of the patient would probably have been spared.

Gangrene.

Another case of gangrene occurs in the annals of the week, at the Hospital St. Eugenie, in the service of Dr. Bergeran. It came on during a convalescence from measles, in a child of three years old, who, although he had been placed in bad hygienic conditions, seemed possessed of a good constitution. An impetiginous ulceration behind the right ear, became attacked with superficial gangrene, which extended to the skin of the pavilion of the ear, and of the parietal region of the head, over an extent of a two-franc piece. Preparations of quinquina were given internally, and the wound dressed with balm of storax, and cauterised from time to time with nitrate of silver. Under this treatment, the elimination of the eschar, and the reparative process were accomplished rapidly, and in a fortnight the cicatrization was almost complete.

But the most curious and rare consequence of the measles was about to declare itself later. This consisted in an essential paralysis, such as often appears in the wake of diphtheria, but which is so unusual a termination of measles, that M. Gubler, in a memoir on this paralysis, published in the *Archives of Medicine* in 1861, mentions only one case as following after this disease.

About six weeks from the beginning of the eruptive fever, and three after the cicatrization of the gangrene, the state of lassitude in which the child had continued, commenced to distinctly assume the character of paralysis. Muscular contractility diminished in both upper and lower limbs; deglutition became difficult, and voice nasal. M. Bergeron prescribed electricity, quinquina, coffee, and all sorts of tonics. The paralysis seemed for a time to be arrested by this vigorous treatment, but presently returned in an aggravated form,—movements of all kinds became difficult, the child hung its head on account of the weakness of the extensor muscles, the voice became more nasal, the cough paralytic, and several times suffocation nearly occurred, on account of morsels of food finding their way into the trachea.

In ten days more, the paralysis had invaded the respiratory muscles, and even affected the diaphragm. The lungs seemed to have lost their proper contractility, and mucosities accumulated in the bronchial tubes. The sphincters became paralyzed in their turn. The face of the patient remained pale; the pulse, which till then had been calm, rose to 136 pulsations, and at the same time the inspirations numbered 52 in the minute. Sensibility remained intact, and there was no trouble in the vision.

Energetic recourse was had to blistering, to hypodermic injections with strychnine, to mustard plasters, etc. The child, who seemed on the point of dying, was temporarily aroused from his torpor. But presently the respiration became again embarrassed, the lungs engorged, and an immense pneumonia developed itself in the right lung, in the course of twelve hours, under the influence of the increasing mechanical difficulties in the way of respiration. The child died during the night, with all the symptoms of slow asphyxia.

At the autopsy, hepatization was found to have invaded nearly all the right lung, and the left was hyperæmic, containing also nodules of hepatization. The nervous centres were extremely congested; the sinus and the vessels of the convolutions were rendered prominent by repletion. Some serosity was found on the surface and in the ventricles. The cerebral mass seemed augmented in volume, the tissue was soft, and the surface of a section spotted red. The softenings seemed to be extreme, but microscopical examination demonstrated the integrity of the nerve-tubes.

M. Bergeron denies the propriety of classifying apart of this form of paralysis, and places

it among the essential paralyses of childhood, which, though distinct as to cause, rank together in nature.

Pulmonary Abscess.

This passive pneumonia reminds me of a curious case of pulmonary abscess DIAGNOSED DURING life, and of which an account is given in a thesis recently sustained at Strasburg.

The patient was admitted to the clinic as affected with a typhoid form of pneumonia, in the second degree. At this time the anterior and inferior part of the right lung was dull on percussion, and the seat of fine cripitant râles, mixed with tubal breathing. On the second day, although a diarrhœa persisted, with involuntary stools, respiration was 42, the pulse 120, and the temperature 38, (centigrade), the percussion dulness had greatly diminished, the tubal breathing had disappeared, and there only remained a few moist râles. The next day the patient was somewhat somnolent, and his breath fetid. There was no expectoration. On the ninth, insomnia, irritability back of the head, and contraction of the left eyelid, excited apprehensions of cerebral inflammation; and a blister was placed at the nape of the neck, and a calomel treatment was instituted; moist râles were heard at the level of the nipple and the scapular region of the right side.

On the seventeenth day an exudation was discovered on the pleura, indicated by a rubbing sound, and slight dulness on percussion.

On the nineteenth, dulness was entirely re-established in the place where it had first existed; the respiratory murmur, and the rubbing sound had equally disappeared, and large râles and a cavernous souffle were distinctly perceived in front. Behind, the sonority was normal, and respiratory murmur perfect. At the level of the inferior angle of the scapula, a distant souffle was heard.

In view of these new developments, the physician diagnosed a central abscess of the lung, superficial in front, covered behind by a layer of sound lung. The pulse at this time was 120; the temperature 37.8; the general condition sufficiently satisfactory.

On the second day after the discovery of the abscess, the patient suddenly sank, and died on the third.

At the autopsy, the right lung was found entirely hard, except at the middle tube, where fluctuations was perceptible, over a space of ten centimetres. On an incision being made on this spot, an abscess was opened, whose dimensions were sufficient to have admitted the head of a fœtus at six months. It contained 250 grammes of an ichorous greenish, extremely fetid liquid, containing the debris of pulmonary tissue. The walls of the abscess were generally covered by a well constituted pyogenic membrane, about a millimetre in thickness. M. A.

[To be continued.]

DOMESTIC.

The Mammoth Cave.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

Doctor STUMP FORWOOD, in your issue of January 4th, 1867, page 19, announces that he has prepared a series of lectures "which were designed to give a more complete account of this wonderful curiosity, (Mammoth Cave) scientific and general, than was ever given to the public."

During the preparation of these valuable lectures, his attention was called to an article published in several papers, and commented upon by some medical journals. This article was headed, "A visit to the Mammoth Cave; important scientific observations, effect of darkness and silence on the optic and auditory nerves."

This article was based upon certain declarations, made by Dr. H. RALLS SMITH, of Chicago, during a visit of scientific research which he made to the Mammoth Cave. Dr. FORWOOD, in an "ex cathedra" style, proceeded to controvert and deny the facts and declarations made by Dr. SMITH, and invites him at the close of his article "to give an account of his observations and experiments upon the *permanent* inhabitants of the "Mammoth Cave, over his proper signature, in the pages of the REPORTER," etc.

Dr. FORWOOD's article is so tinctured with egotism, and sarcasm, and I must say, with unfairness, that I at first felt inclined to pass it by in silence, but thinking perhaps that others as well as myself might feel a deep interest in the subject, have concluded to reply to it.

In speaking of the "permanent inhabitants of the Cave," I did not mean all its inhabitants, for there are birds, insects, and animals, who only make it a temporary residence, and have free access to the outer world; of these, the rat is an example, for these animals are very rarely seen except near the entrance or at the extreme end of the cave, and in them the senses of sight and hearing are only partially developed. These rats are supposed to have communication at the extreme end of the cave with the outer world. There are large numbers of bats in the cave, but all of these journey toward heaven occasionally;

so do the flies, gnats, moths, spiders, centipedes, lizards, mice, men, women and children, etc.

By the "permanent inhabitants of the cave," I mean those who have been immured in this living tomb for uncounted ages, who have never seen the pleasant sun, or listened to the sweet harmonies or discords of earth. In these I still assert that the senses of sight and hearing are absent, and that in some of them, there is no vestige of an orbit, or an auditory apparatus, Dr. Forwood to the contrary notwithstanding.

The effect of perfect darkness and silence upon the sensorium is a fact so well known to medical science, and indeed to almost any one possessing common intelligence, that I am surprised that a man of Dr. Stump Forwood's assumptions should deny it.

I spent about ten months in the neighborhood of the Mammoth Cave, some seven years since, and think I am tolerably familiar with it and its inhabitants, although I am afraid to assume "that I can give a more complete account of this wonderful curiosity, scientific and general, than was ever given to the public."

H. Ralls Smith, A. M., M. D.
Chicago, Ill., formerly of Louisville, Ky.

Treatment of Obesity.

Editors Medical and Surgical Reporter:

In your number of December 28th, 1867, I see a communication from Dr. Shannon, Savonia, Steuben Co., N. Y., requesting some information as to what course he would adopt in the treatment of a remarkable case of obesity. Some years since, I read an account of a number of cases of this kind, which had been very successfully treated by means of the "*Fucus Vesiculosa*" or Bladder Wrack, a species of seaweed which is abundantly found on our coasts. A decoction was made of this seaweed, and the patients permitted to use it *ad libitum* with a very marked, and rapid reduction of their corpulency. A fluid extract of the Fucus Vesiculosa was also prepared, which was a much nicer and more effectual method of administering that remedy, and which probably could be obtained from some of our manufacturing chemists. If not, the Bladder Wrack itself can very readily be found anywhere on the sea-coast. Should Dr. Shannon make use of this suggestion, I will feel much obliged, if he will publish the result of his observations as to the efficacy of the remedy.

William J. Wilson, M. R. C. S., Edinb.
Ass't Surgeon, U. S. A.
Holly Springs, Miss., Jan. 16, 1868.

"How to Produce the Sexes at Will."

Editors Medical and Surgical Reporter:

In connection with the article in the 7th of December Reporter, on "How to Produce the Sexes at Will," I would state, that in numerous instances that have come under my observation, Prof. Thury's theory has proved correct.

Whenever coition has taken place in from two to six days after the cessation of the menses, girls have been produced; and whenever coition has taken place in from nine to twelve days after the cessation of the menses, boys have been produced.

In every case, I have ascertained not only the date at which the mother placed conception, but also the time the menses ceased, the date of the first, and subsequent sexual intercourse, for a month or more after the cessation of the menses, etc.

In two instances, the mothers were positive that they carried their fœtus ten months, from the fact that their husbands did not have sexual intercourse with them but *once*, from the cessation of their last menstrual period till some time after their children were born. The only time that sexual intercourse took place was, in one instance ten days, and in the other eleven days after the cessation of the menses, and the boys were born ten months from the date of coition.

In another case, coition first took place *fourteen* days after the cessation of the menses, and the mother was delivered of a large healthy girl ten months from that date. But in this instance, coition took place several times a week, from the fourteenth day till five weeks or more after the cessation of the menses. From the mother's statement of her sensations, and the general symptoms that appeared within two months of the first coition, I think that there is no doubt but that conception took place a day or two *before* the next menstrual period was due, instead of fourteen days *after* her last menstrual period.

In many instances it is impossible to obtain reliable information from our patients, as to the date of cessation of menses, the first or subsequent sexual intercourse, etc., even when they are willing to give us all the information they can, when they apply to us to inform them as to the probability of conception having taken place, and the probable time of delivery, as many of them take no note of such things, and when questioned, cannot give definite answers, or furnish us reliable data on which to base our predictions. But many, like the instances above mentioned, can give us *positive* information on these points, so that we can prove or disprove

such a theory as that of Prof. Thury, by noting the instances that come under our observation in the course of our practice.

The subject is an important one, and of much interest to us all. I hope your readers, in all parts of the country, will send to the Reporter the result of their observations. "We are near enough to a solution to encourage us to give this subject further and more earnest study."

Boston, Mass. "G."

News and Miscellany.

—— The fifty-seventh annual meeting of the Genesee County Medical Society, N. Y., was held in Batavia, on Tuesday, Jan. 21. The following officers were elected for the ensuing year: President, Dr. O. R. Croff, Bethany; Vice-President, Dr. A. P. Jackson, Oakfield; Secretary, Dr. L. L. Tozier, Batavia; Dr. L. B. Cotes, Batavia.

—— A bill is pending before the New York legislature prohibiting the marriage of first cousins sunder a heavy penalty of fine and imprisonment.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Dabbs—Dickson.—Jan. 21st, at Edgeworth, Pa., the residence of the bride's parents, by the Rev. James Allison, Mr. B. L. H. Dabbs, of Pittsburgh, and Sarah Q., daughter of Dr. John Dickson.

Saxton—Bierce.—At Cornwall Bridge Conn., Jan. 23, by the Rev. S. Fenn, Wm. D. Saxton, M. D., of New Rochelle, N. Y., and Miss Isabella G. Bierce, of Sharon, Conn.

DIED.

Clift.—At Savannah, Ga., Dec, 30, Julia M. Clift, wife of Joseph W. Clift, M. D.

METEOROLOGY.

January.	20,	21,	22,	23,	24,	25,	26.
Wind	E.	N. E.	N.	N. E.	N. W.	N. W.	S. W.
Weather	Cl'dy. Snow.	Cl'dy. Snow. Rain.	Clear.	Rain.	Clear.	Clear.	Cl'dy.
Depth Rain		2-10		5-10			
Thermometer.							
Minimum	19°	27°	18°	23°	26°	15°	19°
At 8, A. M.	25	35	27	31	38	25	32
At 12, M.	35	34	34	42	41	28	40
At 3, P. M.	34	33	33	42	41	29	39
Mean	28.25	32.25	28.	34.50	36.50	24.25	32.50
Barometer.							
At 12, M.	31.2	29.6	30.6	30.1	30.2	30.4	30.1

Germantown, Pa. B. J. Leedom.

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